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PTO/SB/17 (10-08)

[D.T. Approved for use through 06/30/2010. OMB 0651-0032 tand frademark Office; U.S. DEPARTMENT OF COMMERCE in of information unless it displays a valid OMB control number.

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Fees pursuant to	Effective on 1.		Act 2005 (H.P. 4	R1R)			Complet					
1	•	ted Appropriations Act, 2005 (H.R. 4818). ARICRAITT AI			Application Num Filing Date	09/498,39	0/498,398 Conf. No.: 8774 bruary 04, 2000					
FEE TRANSMITTAL					Filing Date	February	04, 2000	****				
For FY 2009					i not i tarrioa mitorito.			(05KABHSEALLEN 00000012 022448				
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name A		A. A. A. A.	stions		700.00 DA		
					Art Unit			2654				
TOTAL AMOUNT OF PAYMENT (\$) 700.00					Attorney Docket No. 6107-021			1PUS1				
METHOD OF	PAYMENT (che	ck all that	apply)									
Check	Credit Card	Mone	y Order	None	e Other (p	lease id	entify):					
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP												
1	bove-identified de											
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Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card												
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FEE CALCUL	ATION					-						
1. BASIC FILI	NG, SEARCH, A	ND EXAM	INATION FE	EES								
		ING FEES			CH FEES	EXA	OITANIN					
Application	Type Fee	<u>Small (</u> (\$) Fee		Fee (\$)	Small Entity Fee (\$)	Fee		l Entity e (\$)	F	Fees Paid (\$	s)	
Utility	330			540	270	220		10	_		-	
Design	220			100	50	140	_	70	_		_	
Plant	220			330	165	170		85				
Reissue	330	165	; ;	540	270	650		25			_	
Provisional	220) 110		0	0)	0				
2. EXCESS C	LAIM FEES			·	ŭ			Ū	Smal	l Entity	_	
Fee Description Fee									Fee	e (\$)		
Each claim over 20 (including Reissues)								52		26 110		
Each independent claim over 3 (including Reissues) Multiple dependent claims								220 390		95		
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							B.		_			
		0 x			0.00			luitiple Dependent Claims Fee (\$) Fee Paid (\$				
	mber of total claims	^	ater than 20.					1 66 (4)	_	ee raid (4)		
Indep. Claims	<u>Extra</u>	Claims	Fee (\$)		Paid (\$)				-		-	
	or HP =	0 x	or. if greater than		0.00							
3. APPLICATION	ON SIZE FEE	•	. •									
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Total Shee	raction thereof. Extra	Sheets	Number o	of each	nd 37 CFR 1.1 n additional 50 o	o(S). r fracti	on thereo	f Fee	(\$)	Fee Paid	(\$)	
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4. OTHER FEE		#120 C	. (m 11		1:					Fees Pa	id (\$)	
Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge): Large Entity Difference in cost for Issue Fee paid 700.00												
SUBMITTED BY	- 231	1	//	/								
Signature	ignature Registration No. 39491 (Attorney/Agent)							Telephone 703-205-8000				
Name (Print/Type) Michael R. Cammarata								Date June 29, 2011				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.